

# CLAIMS ONLY

9-1905

Application Number

10-032217

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3						
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5						
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12			1			
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50						
Total Indep			2			
Total Depend			20			
Total Claims			22			

  

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						